

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

156F
MW

Cat #4
No fee/No IFP

GT4025

(Inmate Number)

JAMIL SHARIF GRAY

(Name of Plaintiff) SCI-PITTSBURGH

P.O BOX 99991

(Address of Plaintiff)

PITTSBURGH, PA 15233

200906652

(Case Number)

09.0974

COMPLAINT

vs.

RECEIVED

JUL 27 2009

CLERK, U.S. DISTRICT COURT
WEST. DIST. OF PENNSYLVANIA

MICHAEL SALDUTTE

(Names of Defendants)

TO BE FILED UNDER: ☐ 42 U.S.C. § 1983 - STATE OFFICIALS

☒ 28 U.S.C. § 1331 - FEDERAL OFFICIALS

I. Previous Lawsuits

- A. If you have filed any other lawsuits in federal court while a prisoner please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

~~_____~~
~~_____~~
~~_____~~
~~_____~~

II. Exhaustion of Administrative Remedies

- A. Is there a grievance procedure available at your institution?

☐ Yes ☒ No

- B. Have you filed a grievance concerning the facts relating to this complaint?

☐ Yes ☐ No

If your answer is no, explain why not _____

- C. Is the grievance process completed? ☐ Yes ☐ No

III. Defendants,

(In Item A below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use Item B for the names, positions and places of employment of any additional defendants.)

A. Defendant MICHAEL SALDUTTE is employed
as PITTSBURGH POLICE at CITY OF PITTSBURGH (ZONE 5)

B. Additional defendants ~~_____~~
~~_____~~
~~_____~~
~~_____~~

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach extra sheets if necessary.)

1. I WAS ASSULTED BY AN OFFICER OF THE PITTSBURGH
POLICE WHICH RESULTED IN SEVERE INJURIES
DURING AN ARREST (MICHAEL SALDUTTE) ON 2-18-09.
THE OFFICER STATED IN HIS SWORN REPORT HE STRUCK
2. ME ONE TIME WITH AN OPEN HAND WHICH WAS INCON-
SISTED WITH REPORTED INJURIES. THE INCIDENT BEGAN
IN THE CITY (ROSEDALE AT SUSQUEHANNA ST.) ON OR ABOUT
1:17AM ENDING IN WILKINSBURGH

3. _____

Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

1.

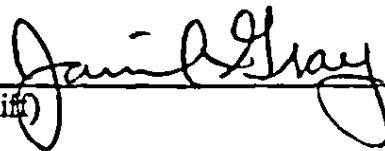
I WOULD LIKE MY MEDICAL BILL COVERED. I
WOULD LIKE TO BE COMPENSATED FOR MY PAIN &
SUFFERING

2.

3.

Signed this JULY day of 23rd 2009.

(Signature of Plaintiff)



I declare under penalty of perjury that the foregoing is true and correct.

7-23-09
(Date)

(Signature of Plaintiff)

